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Orientation for increased volunteer effectiveness with Midwives for Haiti

Honors Research Project

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May 1, 2012

Introduction:

Complications during pregnancy, childbirth, and early infancy claim the lives of millions of mothers and newborn infants across the globe each year. The cause: lack of access to maternal education, medical check-ups, and skilled birth attendants. The unfortunate fact is that death from these complications is largely preventable. Even more astonishingly, maternal infant mortality is only getting worse as time passes. In the country with the highest maternal infant mortality rate in the world, one organization strives to create change from within. Functioning on the premise that “change can occur one person at a time, and through the efforts of small groups of people who believe it can”, Midwives for Haiti utilizes one very powerful tool to create lasting change: education. The organization empowers the Haitian people through “genuine partnership with those who desire change.” The vision is simple: to increase the number of skilled birth attendants available to help decrease the astonishing maternal infant mortality rate in Haiti. This vision is accomplished by the education and certification of Haitian skilled birth attendants. Midwives for Haiti operates not only through donations as other non-profits most often do, but most significantly through its volunteers. American and European health professionals trained in midwifery come alongside the Haitian students as mentors and teachers, greatly improving the education available to the Haitian students and making the vision of Midwives for Haiti a reality. Their greatest impact on the students arises not only from their instruction but also role modeling the attributes of a good caregiver. An organization that depends so greatly upon volunteerism has an intense need for a thorough orientation process. The orientation process provides vital information which helps participants overcome obstacles such as limited resources, cultural differences in patient care, less than advanced medical facilities, and knowing what exactly is expected. The goal of this project was to dive into the

topic of volunteer orientation and emerge with a reasonable, thorough, and empowering orientation module to aid Midwives for Haiti in preparing volunteers to be fully effective as teachers, mentors, and participants in the vision of hope for the mothers and infants of Haiti. The results of the research have been and will continue to be used to modify the created module as a continuous quality improvement effort. The orientation module itself is being utilized by Midwives for Haiti to prepare subsequent teams of volunteers as they prepare for trips with the organization.

Literature Review:

Introduction to Maternal and Infant Mortality:

Maternal infant mortality is a global health issue that has been gaining more importance and awareness in recent years. Yet, despite the increasing focus of world health initiatives on maternal newborn child health, the situation is only getting worse. According to the World Health Organization (2005), more than 10 million children and half a million mothers die every year, mostly from preventable causes. Maternal deaths ages 15-49 tend to be underreported in developing countries, so the number of deaths may be much more than estimated. In addition, over 70 million mothers and their newborn infants are unable to receive the healthcare they deserve. The Millennium Development Goals (MDGs), created by 189 countries of the United Nations in 2000, emphasize the universal desire to improve the health of mothers and children across the world's population by the year 2015. The director-general of the World Health Organization, Lee Jong-Wook, articulated the importance of improving maternal and newborn child health across the globe when he stated: "Mothers, the newborn and children represent the well-being of a society and its potential for the future. Their health needs cannot be left unmet without harming the whole of society" (World Health Organization, 2005, p. 3). Jong-Wook

emphasized the public responsibility of creating public health programs all over the world that work together to provide continuous care and universal access to care from pregnancy to childhood in order to meet the MCGs. Through the push to meet the MDGs, many countries have increased initiatives to provide adequate maternal and newborn child healthcare; however, in other countries which have experienced economic, political, or natural disaster, progress is moving slowly or even not at all. In response to this disparity between the initiatives of different countries, Jong-Wook says: “[...] placing maternal and newborn child health at the core of the drive for universal access provides a platform for building sustainable health systems where existing structures are weak or fragile. Even where the MDGs will not be fully achieved by 2015, moving towards universal access has the potential to transform the lives of millions for decades to come” (World Health Organization, 2005, p. 4).

One of the major problems in maternal and newborn child health globally and one of the leading factors of maternal and infant mortality stems from a lack of appropriate care at the time of birth. Of the 136 million births in the world annually, only a small percentage is attended by a trained healthcare provider. This problem is only going to increase in the near future as many nations’ populations, especially where childbirth is most dangerous, consist mostly of teenagers who will soon be entering their reproductive years. The World Health Organization (2005) recommends that “for optimum safety, every woman, without exception, needs professional skilled care when giving birth, in an appropriate environment that is close to where she lives and respects her birthing culture” (p. 6). The appropriate skilled professionals include midwives or other healthcare workers trained in midwifery which the World Health Organization has termed skilled birth attendants. In order to reach this goal worldwide, an additional 334,000 midwives and skilled birth attendants need to be trained in the next 10 years (p. 8).

Maternal and infant mortality in Haiti:

The problems of maternal and newborn child health demonstrated by the global community as a whole are especially prevalent in Haiti, where the third leading cause of death among adults (20-59) is maternal mortality (Pan American Health Organization, 2009). Haiti is a country plagued by political and social issues as well as natural disasters which greatly affect the health of the country's citizens. Politically, Haiti has been in a cycle of instability since invasion by the Spaniards and French in 1492 and 1697, respectively. In 1804, the almost one million slaves revolted to become the first black republic to declare independence. In 2004 an armed rebellion forced the resignation and exile of President Jean-Bertrand Aristide; since then an interim government under the United Nations Stabilization Mission in Haiti has been in place, and Haiti finally democratically elected a president and parliament in 2006. The instability of the political system has spread to the healthcare system leading to the currently weak system incapable of handling the strains of the Haitian community's poor health.

One of the main social issues affecting Haitians today is poverty. According to the Central Intelligence Agency's World Factbook (2010) and the Pan American Health Organization (2009), Haiti is the poorest country in the Western Hemisphere; over 80% of the population lives under the poverty line with 54% in abject poverty. Most Haitians depend on agriculture as the primary source of income which makes the country vulnerable to damage from natural disasters that occur frequently due to the country's extensive deforestation. The recent 7.0 earthquake has caused extreme difficulties for Haitians' health due to the intense strain on the already weak healthcare system. Difficulties finding clean water and a recent cholera outbreak are just a few of the intense health issues brought about by the earthquake.

Haiti has the highest death rate in the entire world with 32.31 deaths (per 1,000) annually with a life expectancy of 54.4 years (52.8 for men and 56 for women). Maternal mortality increased by 15% from 1995 to 2000 and is currently 680 per 100,000 live births. These statistics are based off of certificates of death issued by the Pan American Health Organization and represent only 10% of all deaths in Haiti. The infant mortality rate is 77.26 deaths per 1,000 live births which places Haiti at the 18th highest infant mortality rate in the world. This indicator is often used to demonstrate the level of health of a country which paints a poor picture of Haitian health. (Pan American Health Organization, 2009; Central Intelligence Agency, 2010)

The number of pregnant women receiving care in Haiti is astonishing with 79% receiving antenatal care once before childbirth and only 42% receiving antenatal care four or more times before childbirth. Only 29% of births are attended by skilled professionals in Haiti. 64% of the Haitian population lives in rural areas with limited access to healthcare which has a significant influence on the number of births occurring in healthcare facilities. Only 18% of births occur in hospital facilities. As seen with the global community, many Haitians are under 15 (40%) and will soon be entering their reproductive years increasing the need for midwives to attend births. (Pan American Health Organization, 2009; World Health Organization, 2005).

Midwives for Haiti: Organization

Midwives for Haiti is a non-profit organization dedicated to increasing the number of skilled birth attendants available to provide life-saving support, education, and care during pregnancy and childbirth. The mission to educate Haitian midwives who will “provide prenatal care and skilled birth assistance to their fellow Haitian sisters” embodies hope and change in a nation plagued by the highest infant and maternal mortality rate in the western hemisphere (Midwives for Haiti, 2010). Midwives for Haiti was founded on the belief that “every woman in

this world deserves the knowledge and care to have a safe pregnancy and birth” (Midwives for Haiti, 2010). The founding certified nurse-midwives emphasize that “even women who cannot read and write are teachable” (Midwives for Haiti, 2010). Instruction occurs in Creole, and there are only two full time instructors although this is changing because students who have graduated the program are now becoming the program’s instructors and primary preceptors. The organization relies on monetary donations, donations of medical supplies and medicines, and most importantly volunteers. The volunteers, American and European health professionals trained in the skills of midwifery, come alongside the Haitian students as mentors and teachers for just a few weeks at a time. During their stay, the volunteers not only aid in teaching in a classroom setting but also provide extra clinical teaching time in the hospitals (Midwives for Haiti, 2010). Other volunteer opportunities include serving as midwives with Haitian medical teams performing deliveries, primary care, education, and prenatal care in local hospitals and mobile clinics. The goal of increasing the number of skilled birth attendants in Haiti is not met through education alone, and Midwives for Haiti pays the salaries of most of their graduates because the non-profits and local hospitals most desperate for their services cannot afford to hire them (Midwives for Haiti, 2010). Through donations and the efforts of volunteers who faithfully travel to Haiti in hopes of changing the country from within, Midwives for Haiti is paving the way to a sustainable improvement in the number of skilled Haitian birth attendants which will ultimately decrease the maternal infant mortality of a country plagued by preventable deaths.

Volunteer Models:

The success of Midwives for Haiti depends upon the act of volunteerism of American and European health professionals to aid in the advancement of the Haitian midwifery students’ education. Since the organization relies so heavily upon volunteers, it is imperative to understand

the cycle of the volunteer process. There are many volunteer models that have been researched over the years. These models provide a framework for the entire volunteer process. The basic framework for the volunteer process that is discussed by many authors includes recruitment, selection, orientation, support, debriefing, and evaluation. This framework can be found in the model for *Managing volunteers effectively* by Korngold, Voudouris & Griffiths (2006), and the *Model for short term sustainable international medical trips* by Sachdev, Ahrens, Click, Macklin, Evangelista & Graham (2007). This project focuses particularly on the orientation of volunteers, although each step of the volunteer process is an important aspect of the volunteer experience.

Thesis Statement:

The purpose of this study was to create, pilot, and evaluate the effectiveness of an orientation module for volunteers with Midwives for Haiti. The evaluation of the orientation and the orientation module itself is being utilized by Midwives for Haiti to improve their volunteer program and equip their future volunteers for their work with the organization in Haiti.

Research Questions:

Can an orientation module improve the experience and perceived effectiveness of Midwives 4 Haiti volunteers? Why is orientation important to the volunteers' experience with Midwives for Haiti? What are some things that need to be incorporated into the orientation for its success? What would be the best way to present this module to the volunteers? In what ways/situations is an orientation most useful? What areas of orientation were most important or significant to the participants?

Methodology:

This study began with the creation of a module that would serve as an orientation for volunteers preparing to work abroad with Midwives for Haiti. The module was a collaborative effort between the Board of Executives for Midwives for Haiti, and Dr. Cara Osborne S.D, an executive board member and assistant professor at the University of Arkansas; and myself. The need for an orientation module and the information presented in the module was inspired and guided by the research of Barbara Floyd, doctoral candidate at Portland University, whose volunteer work with Midwives for Haiti in 2010 inspired her to conduct research that would lead to empirical suggestions for remodeling the volunteer program of this non-profit organization. The module was created with the explicit goal of adequately preparing volunteers for their experiences abroad. Research questions addressing the best possible format, material, and method of presenting the module were addressed as a group.

We began by reviewing the literature review presented in both Barbara Floyd's doctoral thesis and current research involving responsible volunteerism and volunteer models to pinpoint what previous research has concluded are the most important items to include in an orientation, the importance of the orientation process within a volunteer program including the necessary components of adequately orienting volunteers, and the best method of presenting the orientation to the volunteers. Information specific to the volunteer role with Midwives for Haiti was gathered. This information included logistics of travel, how to work with translators, the schedule, the volunteer role, living and working conditions, and all materials that were currently being emailed to volunteers before their trip. There was much discussion about the volunteer role because the organization had grown in many ways which created a shift in the volunteers' duties and expectations. Finally, the module was completed by incorporating as much of the information available into an easily navigated online module.

After the module was completed, it was piloted with two groups of Midwives for Haiti volunteers. All of the volunteers traveled to Haiti during February and March of 2012. They were offered the opportunity to participate in the orientation module with the expectation that they would fill out an evaluation of the module upon return from the trip. Participation in the study was voluntary. Those volunteers willing to participate in the expectations of the study completed the module before their departure and upon return filled out a survey evaluating its perceived effectiveness and other aspects of the module. To protect the privacy of the participants, names of participating volunteers were not recorded and evaluations were completed anonymously.

Upon receipt of completed evaluations, responses were evaluated for themes found throughout the participants responses, suggestions the participants made, situations in which the volunteers participated that were aided by the orientation, the perceived importance of the module, the most important sections of the module, the time necessary to complete the module, and the general opinion of the module. The results are reported in the discussion section of this thesis and have been utilized to assess the module for its effectiveness, strengths and weaknesses, and necessary future revisions. The survey is part of a continuous quality improvement effort by Midwives for Haiti to continue revising the module as the needs of their organization continue to grow and change. The survey will be sent to all volunteers from this point onward and the module will be under constant revision.

Results:

Due to the low volunteer volume in spring, there were only three responses to the evaluation during the time of this project. The organization will continue to distribute the evaluation and

process the results as part of a continuous quality improvement effort. Two out of three of the participants responded that the module fully prepared them for their trip overseas with Midwives for Haiti. The participants ranked the effectiveness of the module in preparing them for their trip at a 3, 4, and 5 on a scale of 1-5. The packing list, introduction to Midwives for Haiti, and volunteer role sections of the module were ranked as the most helpful sections by the three participants. Two out of three participants responded that the module took too long to complete. Participants commented that the module was difficult to work through; they would like to see some sort of test or review at the end of the module to highlight key aspects of the orientation. Two things that were suggested as additions to the module included the volunteer role as a preceptor rather than simply a supporter of the students and an emphasis on the fact that there will be no technology, so volunteers should review their basic math skills and drip rate calculations before their trip.

Discussion:

The study is limited by the number of participants that answered the evaluation. The purpose of this project was to create a module and run a pilot study. Therefore, the number of participants, while limiting to making strong generalizations about the effectiveness of the module, is sufficient for this project. According to the results of the evaluations, the possibility of adding a test or review of the most important aspects of the orientation is being addressed by the organization. The layout of the module is also under construction to make it more easily navigated by volunteers as was suggested in the evaluations. Midwives for Haiti will continue distributing the module and evaluation to its volunteers as a continuous quality improvement project. The module will continue to be modified as the organization grows and changes. More

research and evaluation is needed to determine the ultimate effectiveness of the module and ways in which the module should be altered to better serve the volunteer population.

Conclusion:

In conclusion, the project was successful in creating an orientation module for Midwives for Haiti. The organization will benefit from more evaluations from future volunteers, and the module will continue to change as the needs of the organization change. The basic framework and information for the module was brought together, and the teamwork utilized in the process of creating the module has created a joint-ownership of the project that will benefit the organization as time progresses.

References:

Central Intelligence Agency. (2010). World Factbook: Haiti. Retrieved from:

<https://www.cia.gov/library/publications/the-world-factbook/geos/ha.html>

Floyd, B. (2010). *Evaluation of the midwives for Haiti volunteer program in Haiti*.

Unpublished doctoral dissertation, University of Portland, Oregon.

Korngold, A., Voudouris, E.H., & Griffiths, J. (2006). Managing volunteers effectively. In R.L. Edwards &

J.A. Yankey (Eds.) *Effectively managing nonprofit organizations*. Washington, DC: NASW Press.

Midwives for Haiti. (2010). *Midwives for Haiti*. Retrieved from:

<http://www.midwivesforhaiti.org/>

Pan American Health Organization. (2009). Haiti Country Profile. Retrieved from:

http://www.paho.org/english/dd/ais/cp_332.htm

Sachdev, P., Ahrens, K., Click, E., Macklin, L., Evangelista, D., & Graham, E. (2007). A model for

sustainable short-term international medical trips. *Ambulatory Pediatrics*, 7(4), 317-320.

World Health Organization. (2005). World Health Report 2005: Make every mother and child

count. Retrieved from: http://www.who.int/whr/2005/overview_en.pdf

http://learn.midwivesforhaiti.org/course/view.php?id=7 Course: Volunteer Orientati...

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Volunteer Orientation Module*

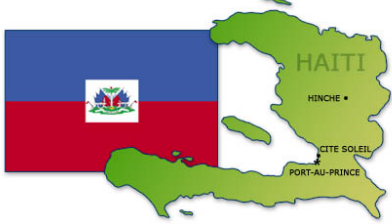
You are currently using guest access (Login)

M4H Learning Community Welcome

Administration
Enrol me in this course

Topic outline

Welcome! You will soon know all that you need to know about your upcoming trip to Haiti with Midwives for Haiti.



This orientation module is split into three goals:

- 1) Defining your **role as a volunteer** including what is expected of you, what activities you will be performing abroad, and a quick look at what your role is not.
- 2) Providing you with information on the **logistics** of your upcoming trip to Haiti
- 3) Presenting an overview of **Haitian culture** to prepare you for interactions with the Haitian people, medical system, and other aspects of your trip

This whole orientation should take no more than 2 hours and is worth your undivided attention. Let's get started!


Directions:

Please start at the beginning and move through the module in order. You should **avoid clicking on "Resources"** along the top navigation, but instead should choose "Welcome" to access the module topic listing.

You will be asked to fill out a brief response at the end of each section. These responses will serve to verify that you have reviewed the information included in each section.

If you have any questions, please email Sarah Burd.

1 Part 1: Midwives For Haiti Program Summary



The following background will give you a summary of Midwives For Haiti's work:

[Program Overview](#)
[Who's Who](#)

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http://learn.midwivesforhaiti.org/course/view.php?id=7 Course: Volunteer Orientati...

GRE Vocabulary Home Barrons GRE Wordlist 4,75... Suggested Sites Web Slice Gallery Nurse Residency Program...

The following background will give you a summary of Midwives For Haiti's work:

- [Program Overview](#)
- [Who's Who](#)
- [Training Program](#)
- [Our Graduates](#)
- [Mobile Clinic Program](#)
- [Future Vision](#)
- [Midwives For Haiti's YouTube Channel](#)

To verify your completion of this portion of the module, please respond in the [Program Overview Journal](#).

2 **Part 2: Trip Preparation**

Ready to start preparing for your trip? Here's what you'll need to do:

- [Trip Preparation Checklist](#)
- [Important Documents Timeline](#)

To verify your completion of this portion of the module, please provide a response to the [Trip Preparation Journal](#).

(Remember that waiver that you read about in the Important Documents Timeline? Here it is: [Midwives For Haiti Release Waiver](#))

3 **Part 3: What to Expect**

It's time to learn a bit about what you can expect to encounter during your time in Hinche.

- [Accommodations](#)
- [Transportation & Translators](#)
- [Communication](#)
- [Haitian Money](#)
- [Supplies Needed](#)
- [House in Hinche](#)
- [Other Service Opportunities](#)

For some firsthand accounts of what to expect as a volunteer trip, check out our [Volunteer Trip Journals](#).

To verify your completion of this portion of the module, please provide a response to the ["What To Expect" Journal](#).

4 **Part 4: MFH Volunteer Role**

The role of a Midwives For Haiti volunteer has evolved along with the program. This section should prepare you for how you can contribute to Midwives For Haiti in Hinche.

- [Volunteer Role](#)
- [Work and Schedule in Hinche](#)
- [Midwives For Haiti curriculum overview](#)
- [Midwives For Haiti topic outline, by week](#)

To verify your completion of this portion of the module, please provide a response to the [Volunteer Role Journal](#).

5 **Part 5: Volunteering in Haiti**

There are some things you should know before any volunteer trip to Haiti. This section provides you with helpful information on:

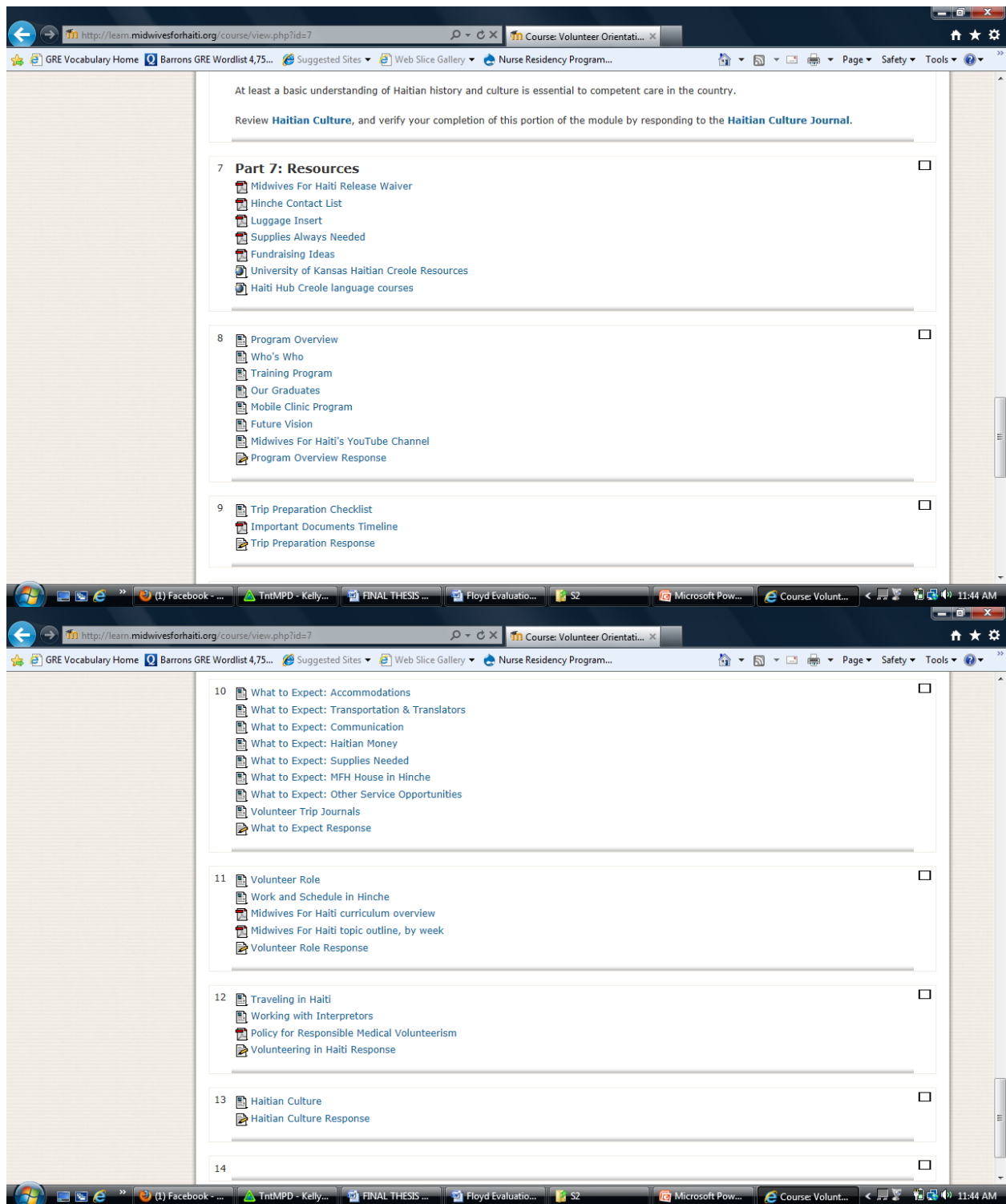
- [Traveling in Haiti](#)
- [Working with Interpreters](#)

In addition, please review [Policy For Responsible Medical Volunteerism](#).

To verify your completion of this portion of the module, please provide a response to the [Volunteering in Haiti Journal](#).

6 **Part 6: Haitian Culture**

At least a basic understanding of Haitian history and culture is essential to competent care in the country.



Reference:

Volunteer Orientation Module. 2012. *Midwives for Haiti*. Retrieved from:

<http://learn.midwivesforhaiti.org/course/view.php?id=7>

Evaluation Questions

1. On a scale of 1-5, rate how prepared you were for your volunteer experience abroad with Midwives for Haiti after completing the orientation module.

(1- not prepared at all; 5-fully prepared)

2. On a scale of 1-5, rate how effective you think the orientation module was in preparing you for your experience with Midwives for Haiti.

(1-not effective at all; 5-extremely effective)

3. Rank the effectiveness of the individual sections of the module using numbers from 1- “most helpful section in the module” to 6- “least helpful section in the module”.

___Introduction to Midwives for Haiti

___Your job as a volunteer

___Haitian culture

___Differences in maternal and childbirth care

___Packing list

___What to expect

4. What did you think of the time necessary to complete the module? (Circle one)

a. the module took far too much time to complete

b. the module took an appropriate amount of time to complete

c. the module took a short amount of time, and I wished there had been more material

5. Is there anything you think should be added to the orientation module in order to more fully prepare volunteers for their experiences in Haiti?

6. Is there anything that you think was unnecessarily included in the module that should be omitted in future versions of the module?

7. Any other comments or suggestions?